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CONFIRMATION NO. 6947

<b>SERIAL NUMBER</b> 10/788,823	<b>FILING OR 371(c) DATE</b> 02/27/2004 <b>RULE</b>	<b>CLASS</b> 429	<b>GROUP ART UNIT</b> 1745	<b>ATTORNEY DOCKET NO.</b> 37505.0206
<b>APPLICANTS</b> Dominick Frustaci, Williamsville, NY; Tina Urso, East Amherst, NY; Paul Hallifax, Gasport, NY;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/450,433 02/27/2003 YES $\odot$				
<b>** FOREIGN APPLICATIONS *****</b> None $\odot$				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/18/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 18
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> 33751				
<b>TITLE</b> Primary electrochemical cell having scalloped electrodes				
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	